



LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
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April 25, 2013

TO: Each Supervisor

FROM: Roderick Shaner, M.D.
Medical Director

SUBJECT: **DEATH OF AN INMATE**

This is to inform your offices of a suicide of a jail inmate (K.G.) receiving mental health services that occurred in Men's Central Jail on April 25, 2013 at 00:55 AM.

The inmate was a 58 year old Caucasian male with several medical problems, signs of alcohol withdrawal, and past treatment for anxiety and depression. He was arrested April 19, 2013 for assault on peace/fire officer, presented to the inmate reception center (IRC), and received medical and mental health assessment. He had told arresting officer that he was having thoughts of killing himself, and this was described in the clinical notes. However, he specifically denied suicidal ideation or past suicide attempts during several subsequent clinical interviews and checks over the next few hours. He was placed on a Librium taper to treat his alcohol withdrawal, and he moved to service area housing in mental health area. His urine toxicology was positive for benzodiazepines (anti-anxiety drugs) and opiates.

His only treatment episode in the Department of Mental Health (DMH) information system was in 2009 in jail with diagnosis of recurrent major depressive disorder of moderate severity. He was given Klonopin (an anti-anxiety medication) on that incarceration by DMH MD. He reported getting Cymbalta (an anti-depressant), Xanax (an anti-anxiety medication), and Ambien (a sleeping medication) in the past by MD in Lancaster. It was unclear if that MD was from Parole Outpatient Clinic. He started treatment for anxiety and depression after son's OD in 2006. He told PSW in IRC that he hadn't taken any meds in several months, although he also told a medical services nurse that he had been taking Xanax 2 tid, Ambien and Norco (an opiate) up through April 17, 2013. He had denied past suicide attempts or psychiatric hospitalizations on this incarceration and during 2009 incarceration.

On April 22, 2013, radiology alerted medical services that an abnormal CXR indicated possible TB, and the on call mental health clinician cleared the patient for an isolation cell in ward 6000 while the cause of the abnormal CXR was investigated, as he could possibly have infectious TB. He remained there without incident until April 25, 2013 at 00:55 hours when he was found as man down on his cell floor. He was noted to be lying in a supine position, unresponsive, not breathing, without pulse and cold with

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lying in a supine position, unresponsive, not breathing, without pulse and cold with fixed/dilated pupils, and was pronounced dead by paramedics at 01:07 hours. Nurse's progress note indicated observation of "linen on the ceiling of patient's room," but there's no other description of this; however, in the preliminary death review it was reported that he had to be cut down from the ceiling. Presumed cause of death is suicide by hanging.

We are gathering additional facts. Should you wish further information at this time, please contact my office at (213) 738-4603.

RS:oc

c: Loreto Maldonado, Manager, CEO
Mental Health Deputies